Christcity**Kids** Registration:

Parent/Guardian Information:

Household Name: _____

Mother: _____ Father: _____
First Name First Name

Address: _____
Street Postal Code

Email: _____

Phone Number: _____ (cell/home)

Children live with: Mom Dad Both Other: _____

Language: English French Other: _____

Child:

Name: _____ Birthdate: _____
(day/month/year)

☐ M ☐ F Grade: _____ Allergy/Medical: _____

Child:

Name: _____ Birthdate: _____
(day/month/year)

☐ M ☐ F Grade: _____ Allergy/Medical: _____

Child:

Name: _____ Birthdate: _____
(day/month/year)

☐ M ☐ F Grade: _____ Allergy/Medical: _____

I give permission for the children listed to participate in programs of Christcity Church. I release Christcity church from liability for injury or losses related to their participation and authorize them to take action to protect my child and/or arrange for medical care if needed. I herby grant permission for you to photograph and/or videotape my children and use them as part of production, advertising, or displays. I herby waive any right I may have to inspect or approve the product for advertising or other copy that may be in connection with. This form also authorizes the use of fingerprints for computerized registration access.

Date: _____ Parent Name (print): _____

Signature: _____